SCAQMD Rule 1466 Transportation Log

Notice Number	Project Name		Project Location
On-Site Dust Control Supervisor	**Certification Number**	**Phone Number**	**Email Address**

Date	Time	Transporting Company *(Name of Company and Address)*	Receiving Facility *(Name of Company and Address)*
EXAMPLE: 07/13/18	*13:00*	*XYZ Environmental, 1212 Main St., Diamond Bar, CA 91765*	*Azusa Land Reclamation, 1211 W. Gladstone St., Azusa, CA 91702*